## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	nation	n	<u></u>		[i loddo lodd i		TO/C COMplet	ing and for the	Aloe regarding	pablic barde	an.j							
1. Name and Mailing Addres	s of R	Respondent														,		
City of Ketchikan d/b/a Ketchikan Public Utilities 2970 Tongass Avenue Ketchikan, AK 99901														Check here if this is a change of address.				
Year Report Filed     3. Reporting Period (Ending Date of Pay									Number of Full-Time Employees during Selected									
0017				overed by Re 1/2017	eport)			Reporting	g Period (chec ewer than 16 (c or more (com									
SECTION II - Full-Time Emp	loyee	es.						<del>'</del>		-								
Job Categories			Number of Employees (Report employees in only one category)															
									Race/Ethnicity	/								
			anic or		Not-Hispanic or Latino													
		La	aurio			Ma	ale					Total Columns A - N						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N		
		Α	В	C	D	Е	F	G	H	1	J	К	L	м	N	0		
Executive/Senior Level Officials and Managers	1.1	ĺ		2												2		
First/Mid-Level Officials and Managers	1.2															0		
Professionals	2			1			2			-			<del></del> -			3		
Technicians	3									3						3		
Sales Workers	4									-						0		
Administrative Support Workers	5			2						2				1		5		
Craft Workers	6	1		19	1			2		2			3			28		
Operatives	7															0		
Laborers and Helpers	8			2												2		
Service Workers	9															0		
TOTAL	10	1	0	26	1	0	2	2	0	7	0	0	3	1	0	43		
PREVIOUS YEAR TOTAL	11	I	0	23	1	0	2	2	0	8	n	0	3	1	n	41		

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SECTION III - Part-Time Emp	loyees.															
		Number of Employees (Report employees in only one category)														
Job							-1	Race/Ethnicity		,,						
Categories	н	ispanic or		Not-Hispanic or Latino												
	Latino		•		М	ale			Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
	A	В	С	D	E	F	G	Н	ı	J	к	L	M	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4			f											0	
Administrative Support Workers	5														0	
Craft Workers	6					-									0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9														0	
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11						<u> </u>								0	
SECTION IV - Report of Discr	imination Co	nplaints Pursua	ant to 47 CF	R 22.321, 23.5	5, 90.168, 101	i.4, and 101	.311.	,		•			1	·		
This is to advise the company before a This is to advise the (Attach a list indication).	ny body having ne Commission	g competent juris n that the followir	sdiction in suc ng complaints	ch matters dur s alleging viola	ing the calend tions of the pre	ar year cove ovisions of a	red by this rep ny equal empl	ort. oyment opport	unity statute	have been fil	ed against this	company.				
SECTION V - Certification	nowlodgo info	mation and but	iof all atata-	onto in this	nort ora trus	ad aawaw'										
				enis in uns re			· ·		<del></del>			T-I A				
	= -	dward L. Cushing  Signature  (907) 228-6006														
Title of Person Signing	WILLFULLY OF ANY STA	FALSE STAT	EMENTS M	ADE ON THIS	FORM ARE P	UNISHABLI	E BY FINE AN	D/OR IMPRIS	SONMENT (1	8 U.S.C. 1001	i) AND/OR RE	VOCATION				
<b>KPU Telecommun</b>	ications.	ıvıanager		3		011 0011	SANOOHOIT		12 (	AV IN PRINCING	. OR LITORE	- (** 0.0.0.				